Lindsey Ebbs Podiatry Blister Information & Consent Form

1. Email *

2. Name

3. Date of Birth

Example: January 7, 2019

4. Address

5. Postcode

6. Occupation

7. Drs Name

8. Practice Telephone Number

Medical History

It is important that you answer these questions as honestly as possible to ensure you receive the best possible care and treatment. If you are not happy about any of the disclosures, please discuss this with the podiatrist as these conditions or medications could have an effect on the assessment and a decision on a treatment plan.

9. Allergies

10. Eyesight or Hearing Difficulties

11. On-going Injuries

12. Previous fractures or surgeries

13. Other Healthcare Professional

Are you seeing any other health care professional presently and what for?

14. Do you use tobacco products?

Mark only one oval.

- Yes
- No

15. Do you drink alcohol?

Mark only one oval.

- ◯ Yes
- ◯ No

16. Shoe Size

_____

17. Foot Width

Mark only one oval.

- ◯ Wide
- ◯ Narrow
- ◯ Standard

18. Weight

_____

19. Weight loss or gain

Have you had any recent weight loss or gain? if yes please please note details.

_____

_____

_____

_____

_____

20. Eating disorders

Do you have any known or potential eating disorders? If yes please include details.

21. Tiredness

Have you been feeling more tired or fatigued than usual? If yes please include details.

22. Stress

Have you been feeling stressed or anxious of late? If yes please include details.

23. Diet

Any recent dietary changes? If yes please include details.

24. Sleep

Any changes to sleeping habits (eg: duration or quality)? If yes please include details.

25. Prescribed Medications

Please include details and dosage

26. Non-prescribed supplements

Do you take any additional non-prescribed supplements or medications? If yes please include deta

27. Covid 19

Have you had Covid 19? If yes please include details including how many times and when.

28. Covid 19 Vaccine

Have you been vaccinated for Covid 19? If yes please include details including how many times.

Female Only

Skip to the next section if not relevant

29. Do you have regular periods?

Mark only one oval.

- Yes
- No

30. How old were you when you had your first period?

31. Are you pregnant?

Mark only one oval.

- Yes
- No

32. Are you menopausal?

Mark only one oval.

- Yes
- No

Current Injury

Skip to the next section if you are not currently injured

33. Description of your injury

Please include your symptoms and location of the problem (eg: left foot, big toe, inside right knee etc).

34. Are you still doing what you would usually?

Eg: work or an activity. Please give details.

35. Is this a new or reoccurring problem?

Please give details including when you first noticed your injury or pain

36. How long have you had your current symptoms?

37. Were the symptoms initially brought on by an activity?

Please include details. If no how did you develop the injury?

38. Was the injury onset Gradual or Sudden?

Please give details.

39. Type of pain

Please select one or more options.

Check all that apply.

- [ ] Dull
- [ ] Sharp
- [ ] Throbbing
- [ ] Intermittent
- [ ] Constant
- [ ] Burning
- [ ] Bruised
- [ ] Numbness
- [ ] Pins and Needles
- [ ] Other: _____

40. When does it hurt?

Please select one or more options.

Check all that apply.

- [ ] During work
- [ ] Activity
- [ ] Stairs
- [ ] Hills
- [ ] Walking
- [ ] At night
- [ ] Rest
- [ ] Other: _____

41. When you do an activity, when do your symptoms occur?

Please select one or more options.

Check all that apply.

- [ ] Every step
- [ ] Worse at the start and then improves
- [ ] Worse towards the end of an activity
- [ ] After an activity
- [ ] Next day
- [ ] Other: _____

42. What helps relieve your symptoms?

_____

_____

_____

_____

_____

43. Does your footwear make the problem better or worse?

Please give details.

_____

_____

_____

_____

_____

44. Any recent changes?

Eg: increase in activity or work, new shoes or started a new job.

45. Other healthcare professional

Have you seen or are you seeing another health care professional for this current problem? If yes please give details.

46. Cause of Injury

What do you think is the most likely cause of your pain / injury / problem. Please give details.

Previous Related Problems or Injuries

Skip to next section if not relevant.

47. Past Injuries

Have you had an injury or discomfort in your feet or legs in the past? Please give details.

48. Have you ever had any of the below?

Please select one or more options

Mark only one oval.

- [ ] Knee pain
- [ ] Iliotibial band syndrome
- [ ] Stress fractures
- [ ] Planter fasciitis
- [ ] Arch pain
- [ ] Shin pain
- [ ] Achilles tendinopathy
- [ ] Chronically sore or tight muscles
- [ ] Calf strain
- [ ] Forefoot pain
- [ ] Lower back pain
- [ ] Hip or Gluteal pain
- [ ] Ankle pain
- [ ] Neck pain
- [ ] Other: _____

Activity Shoes

Running shoes, walking boots, football boots etc. Skip to next section if not relevant.

49. What model is your activity shoe in training and racing?

_____

50. How long have you had your current pair?

_____

51. Did you self select or did you go somewhere that provided them with a fitting service?

_____

52. Do you wear orthotics?

If yes please select the type

Mark only one oval.

- ◯ Off the shelf
- ◯ Running shop
- ◯ Podiatrist
- ◯ NHS MSK, Orthopedic dept
- ◯ Other: _____

Running

Skip to next section if not relevant

53. How long have you been running?

_____

54. Type of running

Check all that apply.

- [ ] Trail
- [ ] Road
- [ ] Other: _____

55. Your running schedule

Check all that apply.

- [ ] Coach
- [ ] Generic program
- [ ] Couch to 5k
- [ ] Do your own thing
- [ ] Other: _____

56. Running volume

miles per week (or if injured pre-injury volume)

_____

57. Number of runs per week

_____

58. Longest weekly run

_____

59. How consistent are you with training?

Mark only one oval.

- ◯ Very
- ◯ Somewhat
- ◯ Not at all

60. How do you organise your weekly training?

Mark only one oval.

- ◯ All runs at about the same effort
- ◯ Mostly easy runs, some with harder run sessions
- ◯ Most at moderate high intensity effort
- ◯ Other: _____

61. Are you training for an event?

If yes please give details.

_____

_____

_____

_____

_____

62. What are you short and long term running goals?

_____

_____

_____

_____

_____

Other Activities

63. Other sports or cross training?

If yes please give details

64. Do you do any strength training?

If yes please give details

65. Do you do any Yoga or Pilates?

If yes please give details

66. Do you have any regular massages?

If yes please give details

Blisters

67. Do you struggle with blisters regularly?

Mark only one oval.

- Yes
- No

68. How often do you get them?

_____

69. Where do you get blisters?

Please select one or more options.

Check all that apply.

- [ ] Back of the heel,
- [ ] Under the heel
- [ ] Edges of the heel
- [ ] In-between the toes
- [ ] On the arch of the foot
- [ ] On the top of the foot
- [ ] Under the toenails
- [ ] At the end of the toes
- [ ] On the tops of the toes
- [ ] Balls of the feet
- [ ] Around the ankle joint
- [ ] On the side of the big toe or little toe
- [ ] Other: _____

70. Do you get blisters only when participating in an activity?
If yes please give details

71. How long in distance / time does it take for the blisters to develop?

72. What footwear do you wear for casual activities?

73. What footwear do you wear for the activity when blisters are a problem?

74. How many hours per week do you wear your activity footwear?

75. Have you tried any blister prevention or treatment products already?
If yes please give details

76. How do you treat the blisters that you get?

77. Any additional information you think may be relevant about your blisters?

Consent to being treated by a Podiatrist

Consent given is in light of full information of risk, failure or complication.

78. I understand I am being seen or treated by podiatrist.

Mark only one oval.

- Yes
- No

Consent to photography

Photographs or videos are stored in your medical notes, retained at the Foothub Whitby

79. I confirm that I have been informed and understand why photographs or videos recording are being taken.

Mark only one oval.

- Yes
- No

80. I agree to pictures being taken as part of the clinical examination, treatment or trial.

Mark only one oval.

- Yes
- No

81. I agree to the pictures/recording being used for clinical audit purposes.

Mark only one oval.

- Yes
- No

82. I agree to the pictures/ recordings being used for education and training purposes.

Mark only one oval.

- Yes
- No

83. I agree to the pictures/recordings being used for publication and research purposes.

Mark only one oval.

- Yes
- No

84. I am happy for my photographs or video recordings to be stored in part of my clinical medical notes and as indicated above.

Mark only one oval.

- Yes
- No

General Consent

85. I consent to be contacted by telephone and or email from employees of the Foothub Whitb

Mark only one oval.

- Yes
- No

86. I am happy to share my personal details detailed above with Blisterhelp Ltd , which is part the Footcheck Ltd at the Foothub Whitby.

Mark only one oval.

- Yes
- No

Final Notes

If you are visiting us at the Foothub clinic, then please bring these items with you to the initial appointment.

- Any imaging, reports, correspondence you may have from previous practitioners.
- Any shoes you wear casually/work or for an activity you participate in.
- Some lighter trousers (that can be rolled up or shorts) or sportswear, leggings etc.

Thank you for taking the time to fill out this form, it helps us to make sure we do not miss anything important related to your blister related issues.

Please press the submit button if you are happy with all the information you've added to this form to be shared with us at the Foothub Whitby.

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